

HEALTH ADVOCATE APPLICATION FORM
APPLICATIONS MUST BE RETURNED BY Thursday, May 18 at 5:00 PM!

PLEASE RETURN THE FORM VIA EMAIL ONLY
NO HAND WRITTEN APPLICATIONS WILL ACCEPTED

Send to mstapf@caltech.edu

Name: _____ Date: _____

Permanent Address: _____ E-mail(s): _____

Campus MSC: _____ Phone(s): _____

House: _____ Any other House affiliation: _____

Expected Graduation Date: _____ Current Class: frosh or soph
(Not open to incoming frosh or seniors.)

Option: _____ On Off campus housing for fall of 2017?
If off, where? _____

PLEASE FEEL FREE TO INCLUDE ADDITIONAL PAGES FOR THE FOLLOWING SECTION

1. Why do you want to be a Health Advocate?
2. How did you hear about the program?
3. What personality traits do you have that you feel would make you a good Health Advocate?
4. What experience, if any, have you had in the health care field, counseling?
5. What extra-curricular activities will you be involved with next school year (sports, House Officer, clubs, job, etc.)? How many hours/week?
6. What are your plans for the future?
7. Please attach two letters of recommendation. They must be submitted separately by the author, via regular Campus mail or email (preferred method). **One must be from an RA or RLC, no exceptions.** Other good sources are people who are familiar with your interpersonal skills, such as House Officers, current Health Advocates or another RA, etc.